

Safe acute care – workplace culture and patient experiences

Measures of patient safety culture from the perspective of health workers can be used – along with patient-reported experiences of safety and traditional patient safety indicators (see section on “Safe acute care – surgical complications and obstetric trauma”) – to give a holistic perspective of the state of safety in health systems.

A positive patient safety culture for health workers results in shared perceptions of the importance of safety, increased transparency and trust, and higher levels of shared responsibility, along with improved confidence in organisational and national safety initiatives. A growing body of research has found that a positive patient safety culture is associated with better health outcomes and patient experiences, as well as improved organisational productivity and staff satisfaction. Improved models of patient safety governance and investment in improving the patient safety culture have a substantial and lasting impact on outcomes (G20 Health & Development Partnership, 2021^[1]).

Figure 6.17 and Figure 6.18 illustrate two domains of the Hospital Survey on Patient Safety Culture (HSPSC), which asks hospital staff to provide information on aspects of their work environment and whether they are conducive to good patient safety. Figure 6.17 shows staff perceptions of whether important patient care information is transferred across hospital units and during shift changes. Positive perceptions from staff on safety of handoffs and transitions range widely across countries, with an over 20 percentage point difference for HSPSC – both version 1.0 and version 2.0. Figure 6.18 shows staff perceptions that staffing levels and the work pace are adequate. Across all staff types, positive perceptions on staffing and work pace are relatively high in Türkiye, the United States, the Netherlands and Colombia (around 50% or more with positive perceptions across different types) but low in Mexico, Belgium and Switzerland. There is a clear disconnect between perceptions among management and frontline staff in most countries. On average, 57% of physicians and nurses in hospitals perceived staff levels and work pace to be unsafe, compared to 51% of management staff.

Patient perspectives are also critical to make health systems safer and more people-centred. According to the Commonwealth Fund International Health Policy Survey 2020, the proportion of patients reporting experiences of medical mistakes in the past two years varied between about 6% in France and New Zealand and above 10% in the United States, Germany and Norway in 2020. Among hospitalised patients, the proportion of adult patients who experienced patient safety incidents during their last hospitalisation ranged between 4% in Latvia and 17% in Belgium (Figure 6.19). It should be noted that a larger proportion of patients are likely to have experienced medical mistakes because patients may not report physical harm if they are not immediately recognisable (unlike pain and infection), and if they are not informed of their occurrence by a provider. In Belgium, the high rate based on its pilot data collection could be due to selection bias based on more frequent responses by patients who had experiences of unsafe care than others who received safe care, and higher awareness of patient safety among the population, since patients report a wide range of patient safety incidents,

including issues related to behaviours. Hence, caution is needed when interpreting cross-country variations in patient experiences of safety, and further research is needed to improve data comparability.

Definition and comparability

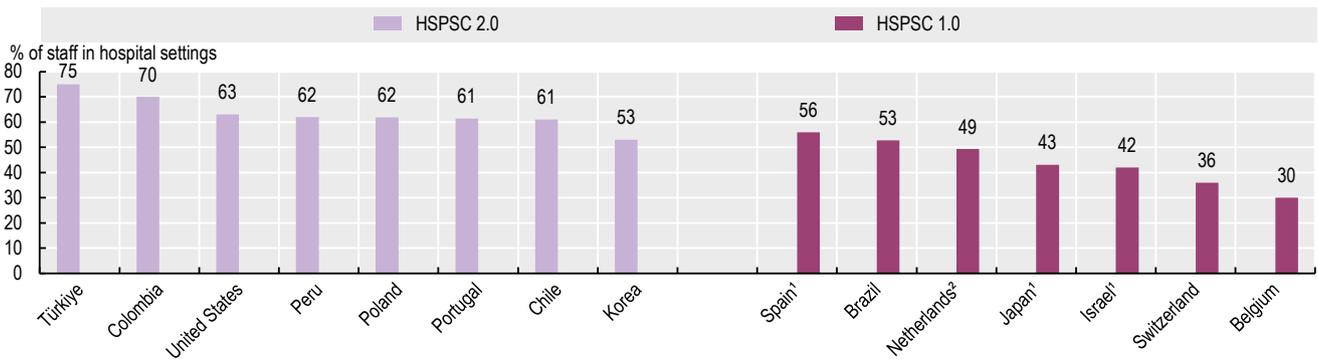
Health worker perceptions of patient safety are based on the assessment of workers in the hospital setting (including psychiatric hospitals) using the HSPSC, versions 1.0 and 2.0. There are differences in the average performance between HSPSC 1.0 and 2.0. Several other differences may also influence the compatibility of data shown in Figure 6.17 and Figure 6.18. These relate primarily to differences in the scope and methods used in the patient safety culture measurement, including differences in the total number of survey respondents, types and number of participating hospitals, response rates and required vs. voluntary reporting (OECD, forthcoming^[2]). Careful interpretation of patient safety culture indicators is required because of these differences.

International comparisons of patient-reported data are challenging. Data from the Commonwealth Fund International Health Policy Survey 2020 refer to people aged 18 and over who reported having a medical mistake in the past two years. National surveys based on the OECD pilot instrument (OECD, 2019^[3]) refer to adult patients who reported experiences of patient safety incidents during hospitalisation that happened in the past few months. Hence, these measures are not directly comparable. Their comparability may also be influenced by other factors, including phrasing of the questions and response categories, and the order of questions in the survey.

References

- G20 Health & Development Partnership (2021), *The Overlooked Pandemic: How to Transform Patient Safety and Save Healthcare Systems*, <https://www.ssdhub.org/wp-content/uploads/2021/03/1863-Sovereign-Strategy-Patient-Safety-Report-1.pdf> (accessed on 3 June 2021). [1]
- OECD (2019), *Patient-Reported Safety Indicators: Question Set and Data Collection Guidance*, OECD, Paris, <https://www.oecd.org/health/health-systems/Patient-reported-incident-measures-December-2019.pdf>. [3]
- OECD (forthcoming), “Technical report on Phase II of the OECD data collection on Patient Safety Culture”, *OECD, Paris*. [2]

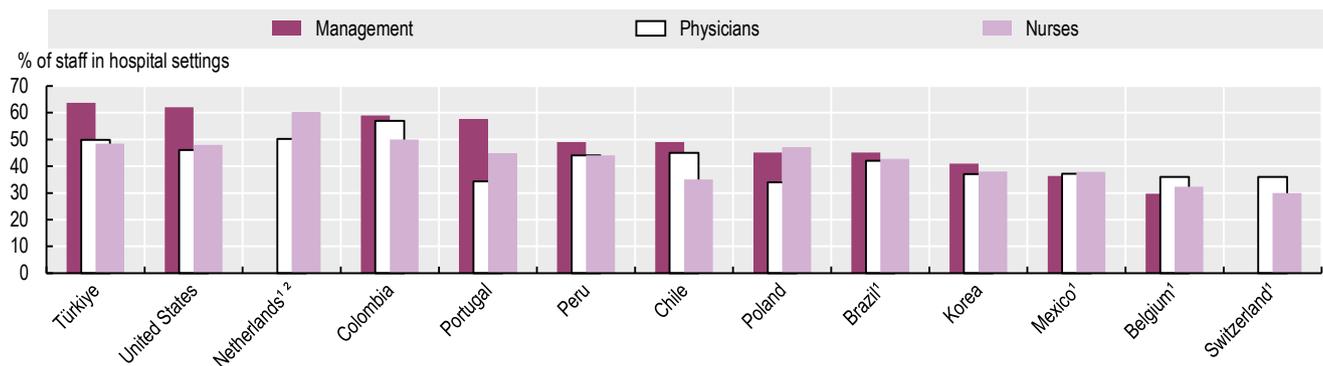
Figure 6.17. Health workers' perceptions of handoffs and transitions, 2021 (or nearest year)



1. Data refer to a pre-pandemic year 2018-19. 2. Data refer to 2019 and 2020, and data exclude psychiatric hospitals.
Source: OECD Pilot Data Collection on Patient Safety Culture, 2020-23.

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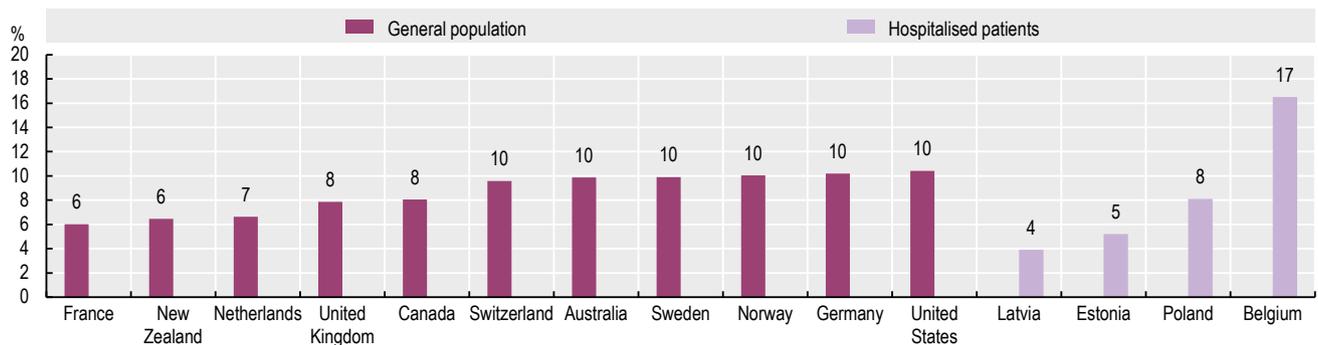
Figure 6.18. Health workers' perceptions of adequate staff levels and work pace, by job category, 2021 (or nearest year)



1. Data from HSPSC 1.0 (data for other countries from HSPSC 2.0). 2. Data refer to 2019 and 2020.
Source: OECD Patient Safety Culture Pilot Data Collection, 2020-23.

StatLink <https://stat.link/cw9unp>

Figure 6.19. Patients reporting that patient safety incidents occurred during treatment or care, 2020 (or nearest year)



Note: Data for the general population are from the Commonwealth Fund International Health Policy Survey 2020.
Source: OECD Pilot Data collection on Patient-Reported Experience of Safety, 2020-23.

StatLink <https://stat.link/h11ftc>



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